

**Request to Exercise Option to Purchase Additional Life Insurance**

Original Policy No.: \_\_\_\_\_ Option Date: \_\_\_\_\_

In accordance with the provisions granting an option to purchase additional life Insurance contained in the above numbered policy or supplemental agreement attached to it, the undersigned hereby applies for additional life insurance as follows:

1. Owner \_\_\_\_\_  
First Name Middle Last

Social Security No. \_\_\_\_\_

\* If option results from an existing Universal Life policy, then the beneficiary and owner will be the same as designated in the original Policy.

2. Mailing Address \_\_\_\_\_  
Street & No. City State Zip

3. \* Proposed Insured, if other than Owner \_\_\_\_\_  
Social Security No. \_\_\_\_\_

4. Sex  Male  Female 5. Date of Birth \_\_\_\_\_ 6. Place of Birth \_\_\_\_\_

7. \* Beneficiary \_\_\_\_\_

8. Plan of Insurance (Do not select a Plan whose minimum Face Amount exceeds the amount of your Option)  
 Whole Life N.P.  
 Increase existing Universal Life Plan  
 Other \_\_\_\_\_

9. Will any existing insurance or annuity be replaced or changed if the coverage applied for is issued?  
 Yes  No If yes, give details in Remarks below.

Enclosed is my remittance for \$\_\_\_\_\_, representing the  Annual  Semi-Annual  
 Quarterly  Monthly premium for this additional coverage. (Cash, check or PAC bank draft must accompany this application.)

Check if Applicable:

I am now paying premiums on your monthly Bank Draft plan and authorize you to add subsequent premiums for this additional coverage to such premium payment plan.

Remarks:

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.**

**Within sixty (60) days from the date of this application the Proposed Insured(s) shall be notified as to whether or not this application has been accepted and, if not accepted, shall be given the reason(s) for any further delay.**

It is represented that the answers given in this supplement are complete and true to the best of my knowledge.

Date: \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Owner \_\_\_\_\_

Agent Name / Agent # \_\_\_\_\_